

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

425
555

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Paul Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME JOSEPH JACOBS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex MALE 5. Color or race COL. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Don't Know 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 hr. min.

9. Birthplace D.K. (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED MO PAC. EMP.

11. Industry or business

12. Name Don't Know

13. Birthplace Don't Know (City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Walter McRae

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation New Haven

18. (a) Signature of funeral director W. C. Smith

(b) Address New Haven

19. (a) JAN 15 1942 (b) W. C. Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town New Haven (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 15
year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from JAN 11 1942 to JAN 15 1942
that I last saw him alive on JAN 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Branchopneumonia
Cardiac decompensation

Due to Asphyxia

Other conditions Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 3

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Walter McRae (M. D. or other)

Address MO Pacific Hospital Date signed 1/15/42

(Licensed Embalmer's Statement on Reverse Side)

15th & Zuffly St

559

559

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl Fertig

Licensed Embalmer No. 3385

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.